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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 5132

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/752,803 | <b>FILING OR 371(c)<br/>DATE</b><br>01/07/2004<br><b>RULE</b> | <b>CLASS</b><br>343 | <b>GROUP ART UNIT</b><br>2821 | <b>ATTORNEY DOCKET<br/>NO.</b><br>4980-108 US |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

Wenzhang Wang, Areadia, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

T.H. None

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

T.H. None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*

04/08/2004

|  |                                   |                                 |                                |                                     |
|--|-----------------------------------|---------------------------------|--------------------------------|-------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>16 | <b>TOTAL<br/>CLAIMS</b><br>379 | <b>INDEPENDENT<br/>CLAIMS</b><br>56 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Verified and<br>Acknowledged<br>Examiner's Signature<br><u>Tau Ho</u><br>Initials<br>T.H. |                                   |                                 |                                |                                     |

## ADDRESS

43143

## TITLE

Vehicle mounted satellite antenna system with ridged waveguide

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>789 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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